

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

169

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 12/4/01

L Supp

1011615

1. NAME Loy O. Prod  
Last First MI

2. BUSINESS PHONE 225/346-0073

3. BUSINESS ADDRESS 450 Laurel Street, Suite 1060, Baton Rouge, LA 70801  
Street and No. City State Zip

MAILING ADDRESS P. O. Box 1546, Baton Rouge, LA 70821  
Street and No. City State Zip

4. EMPLOYER Governmental Corporate Consultants

5. EMPLOYER'S ADDRESS P. O. Box 1546, Baton Rouge, LA 70821  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No XX

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Committee for Economic Development

Address P. O. Box 1546, Baton Rouge, LA 70821

Business or purpose Promote Economic Development in Louisiana

☒ New Representation  
Does this person pay you? Yes

If No, who pays you?     

☐ Terminated Representation as of     

HAND DELIVERED

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

O. Fred Loy  
Signature of Lobbyist

O. Fred Loy